







# Harvard Medical Alumni Bulletin

Volume 10, Number 1

June, 1945

THIS BULLETIN MAY BE MAILED FIRST CLASS FOR 5 CENTS TO  
MEN WHO ARE IN MILITARY SERVICE OUTSIDE THE COUNTRY



***"...if the individual is depressed..."***

"... if the individual is depressed or anhedonic... you can change his attitude... by physical means just as surely as you can change his digestion by distressing thought... *In other words, drugs and physical therapeutics are just as much psychic agents as good advice and analysis* and must be used together with these latter agents of cure."

Myerson, A.—*Anhedonia*—  
Am. J. Psychiat., July, 1922.

When this was written—in 1922—the only stimulant drugs employed in the treatment of simple depression were of limited effectiveness.

Only in the last decade has there been available—in Bensedrine Sulfate—a therapeutic weapon capable of alleviating depression, overcoming "chronic fatigue" and breaking the vicious circle of anhedonia.



**BENZEDRINE  
SULFATE TABLETS**

(racemic amphetamine sulfate)





# Penicillin DOSAGE TABLE\*

INDICATIONS	INITIAL DOSE (UNITS)	CONTINUING DOSAGE (UNITS)	UNITS IN 24 HR.	REMARKS
<b>Serious Infections</b> (staphylococcus, clastridium, hemolytic streptococcus, anaerobic streptococcus, pneumococcus, gonococcus, anthrax, meningococcus) Adults and children	15,000 to 20,000	(a) Intravenous drip: 2000 to 5000 every hr.	40,000 to 120,000 or more	(a) Dissolve ½ of 24 hr. dose in 1 liter (1000 cc.) normal saline; let drip at 30 to 40 drops per minute.
		or (b) Intramuscularly: 10,000 to 20,000 every 3 or 4 hr.	40,000 to 120,000 or more	(b) Concentration: 5000 U. per cc. normal saline.
		or (c) Intramuscular drip	40,000 to 120,000 or more	(c) Total daily dose in 250 cc. normal saline.
Infants	5000 to 10,000	3000 to 10,000 intramuscularly every 3 hr.	20,000 to 40,000 or more	Each dose in 1 or 2 cc. of normal saline.
<b>Chronically infected</b> compound injuries, osteomyelitis, etc. Adults and children	5000 to 10,000	10,000 every 2 hr. or 20,000 every 4 hr. intramuscularly or intravenously. Larger doses may be necessary at times.	40,000 to 120,000 or more	Concentration for intramuscular inj.: 5000 U. per cc. normal saline. For intravenous inj.: 1000 to 5000 U. per cc. Supplement with local treatment.
<b>Gonorrhea</b>		20,000 every 3 hr. intramuscularly for 5 doses	100,000	Results of treatment should be controlled by culture of exudate.
<b>Empyema</b> Adults and children		30,000 to 40,000 once or twice daily into empyema cavity	30,000 to 80,000	Dissolve in 20 to 40 cc. normal saline and inject into empyema cavity after aspiration of pus.
<b>Meningitis</b> Adults and children		10,000 once or twice daily into subarachnoid space or intracisternally	10,000 to 20,000	Concentration: 1000 U. per cc. normal saline.
<b>Bacterial Endocarditis</b> Adults and children	25,000 to 40,000	25,000 to 40,000 every 3 hr. intramuscularly	200,000 to 300,000	Continuous treatment for 3 weeks or longer. In a few cases the intravenous drip is more advantageous.

\*Based upon recommendations by Chester S. Keefer, War Production Board Penicillin Leaflet, Apr. 1, 1945; and by Wallace E. Herrell and Roger L. J. Kennedy, *Journal of Pediatrics*, 25:505, Dec., 1944.



Write for pocket size copies of this Dosage Table

Penicillin Sodium-Winthrop is available in vials (with rubber diaphragm stopper) of 100,000 Oxford Units.

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Pharmaceuticals of merit for the physician  
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## Medical School Notes



### CEREMONIES

Our cover this issue portrays the exercises held in the Medical School Quadrangle on Saturday, April 14 as a Memorial Service for President Roosevelt. The Reverend Palfrey Perkins lead the services.

Three weeks later, on May 8, a happier cause was the occasion for another similar gathering. On that day the official celebration of V-E Day was carried out; Reverend Perkins again officiated. Dean Burwell read the list of the alumni who have given their lives in service.

On Saturday, June 23, in the same quadrangle a joint exercise will be held for the commissioning of the Army and Navy students of the Boston University School of Medicine, Tufts Medical School and Harvard Medical School. This unusual occasion will be reported in detail in our issue next fall at the start of the new academic year. Major General Norman T. Kirk will be the speaker of the day; men from the three schools represented will also address the large student group.

### NEUROLOGY

Dr. Derek Denny-Brown has left the Department of Neurology at the Boston City Hospital for a period of military service. We hasten to add that he will be back to take up his teaching and research activities here at Harvard when the opportunity again offers itself. Dr. Denny-Brown was in Boston for a visit in August of 1939, following which he was appointed Professor of Neurology and Chief of the Neurological Unit at the Boston City Hospital. This appointment was dated October 1, 1939 and was made at a time when the British military machine was actively mobilizing. Therefore, Dr. Denny-Brown was given an immediate leave of absence by Harvard with the idea that he should

carry out his commitments to the British Army. About two years later the Scientific Advisory Committee of the British Cabinet suggested that he take up his Harvard position. This he did in 1941 and from that time until the present he has been active on the Harvard faculty.

He has now been called back to be Consultant in Neurology for the British forces in India, a position which should afford him a unique opportunity to observe and organize care in this theater.

During his absence, Dr. Raymond Adams will be Acting Chief of the Boston City Hospital Unit and Dr. Mandel Cohen of the Massachusetts General Hospital will also help out during Dr. Denny-Brown's absence.

### UNDERGRADUATE ASSEMBLY

On Thursday, May 17, the fourth annual undergraduate assembly convened. To those who attended the meeting this undergraduate assembly seemed to be one of the best that has been held. The work reported was of high character. The manner of reporting it was clear and concise, and the assembly was attended by a very large and enthusiastic audience.

The papers read covered a wide variety of subjects, varying from Hereditary Exophthalmic Goitre on up and down the scale to the Urinary Excretion of Sulfadiazine.

The Soma Weiss award, which is given annually to the student delivering the best paper, was given to Mr. E. G. Walsh of the third year class for his paper entitled "Reflex Dyspnea Resulting from Distention of the Superior Vena Cava." Mr. Walsh entered the third year class in October, 1944, having taken his initial two years of medical training at Exeter College in Oxford. This work, which is one of the first



definitive evidences suggesting that there are important afferent pathways leading from the great veins, concerns a subject long close to Dr. Soma Weiss's researches, so many of which concerned cardiovascular dynamics.

Honorable mention was given to Mr. H. I. Kohn for his paper entitled "Urinary Excretion of Sulfadiazine as Determined with Thiobarbituric Acid." Mr. Kohn took his A.B. from Harvard College in 1930, following which he worked under Professor E. S. Castle in the Department of Biology at Cambridge and received his Ph.D. there. He then pursued his interests as a member of the faculty at Duke University, finally entering there as a medical student and then transferring to Harvard in October, 1944 for the last two years of his medical school training.

Following the awarding of the Soma Weiss prize, the annual address was given by Professor Warfield T. Longcope of the Department of Medicine at Johns Hopkins University. His lecture dealt with the subject of toxic reactions to drugs with special reference to the sulfonamides. He stressed the importance in toxicity of the protein-bound fractions of common pharmacologic agents and the phenomenon of sensitization to these fractions.

### *HIJACKING*

Many fourth year students in the past few weeks have been silently praying that the lost would never be found again. Others of a somewhat more confident turn of mind have been hoping that the disappeared would soon be recovered. The reason for this confusing situation lies in the apparent disappearance from the face of the earth of the fourth year examination blue books.

The fourth year written examination in general medicine consists of Part II of the National Board Examinations. These examinations were given here at Harvard a few weeks ago and were, thereupon, wrapped up carefully and shipped to Philadelphia where they were to be read

and marked by the National Board Examiners. They did not arrive in Philadelphia. Soon Philadelphia called Boston and asked where the examination blue books were and what was the matter. Boston, thereupon, replied to Philadelphia that the examinations had been taken, written, and sent to Philadelphia. Tracers were sent out. Consternation seized the authorities; a sense of vain hope seized the students who felt that they had flunked the examinations; a sense of frustration seized those who felt they had written a good paper. Finally, after two weeks of unaccounted disappearance, the blue books turned up in Philadelphia and special arrangements were made for correcting them and getting the marks back to the students.

Partly as a result of these marks, but largely on the basis of four-year standing, the question of orals is settled by the examination committee. This examination committee was set up by a vote of the faculty in 1917 and is responsible for the fourth year examinations. The oral examinations in the past few years have been given to men from all three scholastic groups of the class. The Dean is chairman of this committee. The Vice Chairman is Professor George Van S. Smith, and the Secretary is Dr. Arthur Hertig. The Committee consists of 45 members whose chief job is the setting up and carrying through of the fourth year oral examinations.

### *THE NEXT CLASS*

The next Medical School class will start their professional career in the fall of 1945 and will, in all likelihood, progress through the Medical School in the time-honored sequence requiring four years, complete with summer vacations. The service forces will constitute approximately half the class. Thirty-two men will be in the Army and thirty-four in the Navy.

The Army entrants will constitute the first group picked by the "Deans' Screening Committee" and allocated to the medical school by the Army authorities. This



mechanism has been set up as a means of distributing the Army medical students amongst the various medical schools. Choice of school by the student or choice of student by the school generally is not permitted. The Navy, on the other hand, uses a system of selection in which the medical student may state his preference for three schools.

By simple subtraction we find that this leaves approximately sixty places open in the class for civilian students. However, this number shrinks when it is recalled that approximately fifteen places in this group will be taken by students at the Harvard School of Dental Medicine and that ten or eleven of the places will be taken by women. This means that in the class of approximately one hundred and twenty-five individuals there will be thirty-five places open for male civilian students. There have been approximately six hundred applicants for these places. This proportion of applicants to openings is about the same as that observed in previous years. The women students have been selected as well as most of the civilian male students.

The presence of women in the Medical School has been commented upon in these columns on previous occasions. However, it is fitting to mention at this time one or two other problems which their presence will bring about. Two of these can be briefly dismissed as laboratories and dormitories. The Medical School buildings were constructed with only one sex in mind and it is going to be necessary to construct additional facilities in the laboratory and lecture buildings. The dormitory problem cannot be settled quite so easily and the present solution will find the women stu-

dents boarding out in the various apartments in the neighborhood of the Medical School.

We are told that the student body of the Harvard Medical School filed a long petition, signed by many names, objecting to the presence of women in the student body. We can only bemoan this narrow point of view and point out that the self-same students who signed that petition will next fall be faced with the pleasurable association of their female counterparts.

### *PROFESSOR LIONEL E. NAPIER*

Among recent appointments, that of Professor Napier merits comment. Professor Napier is Visiting Lecturer on Tropical Medicine, who, at the present time, is giving the fourth year course in tropical medicine which has been added to the tropical medicine course given during the second year. This consists of a meeting one afternoon a week with lectures and demonstrations. Professor Napier has been for some time Professor of Pathology and Bacteriology at the School of Tropical Medicine in Calcutta. He is also Director of that school.

Since 1943 he has been Visiting Professor at Tulane University in New Orleans and plans to return to England in June. During the interim he has come to Harvard to give the fourth year course in this trimester.

His work for many years has engaged him in research in the tropical diseases caused by the various protozoa and parasites. His publications include work on kala-azar, leishmaniasis, filariasis, as well as the pharmacology of their treatment and the toxicology of the drugs used.



# Medical Trends in China

PHILLIPS F. GREENE, '19

Although in the past China has had the reputation of being isolated from the rest of the world, a review of her history gives little justification for this, especially in the medical field. A very strong influence on medicine came from India at the same time that Buddhism came to China. During the early days of the Christian era, when the overland caravan routes were carrying on trade with the Roman Empire, numbers of Greek physicians went to China. Doctors coming from the region of Smyrna in Asia Minor were especially sought for. Throughout the ancient world, they enjoyed a wide reputation for skill in trephining the skull. There are several references in ancient Chinese literature of foreign doctors practising in China who were very skillful in relieving headaches, etc., by making holes in the skull. It is interesting to note that in Professor Hirth's study of foreign words found in the ancient Chinese language, a large proportion of them are medical terms.

In later times contact between the East and West was maintained more or less actively by the water route via India and Persia. The first touch of modern medicine came in the 19th century when the East India Company appointed a physician to their Canton station. One of the important men in those earlier days was Dr. Peter Parker. It was his intention to serve not only the foreigners living in Canton but the people generally, and although it was many years before he succeeded in bringing this about, by 1835 a general hospital was established in Canton which drew its support from several of the larger Chinese firms as well as the foreign companies. This hospital continues down to the present.

During the 19th century, modern doctors and nurses though totalling only a few

thousand, were widely spread through China. Except for large cities like Canton and Shanghai they were largely connected with mission hospitals and clinics. But as the years rolled on, medical schools were established and also not a few Chinese were able to acquire medical training abroad. Their number, in contrast to the size of the population, has remained so small that their work should be viewed more as significant demonstration centers than as affording general facilities for medical care.

## *Beginnings of Modern Medicine*

By 1923 when I first had the privilege of going to China in connection with the medical work of the Yale-in-China Association, there were already several thousand M.D.'s practising in China and over a dozen medical schools. At Changsha, the capitol of Hunan, there had been at least one foreign trained doctor since about 1900. In those days so few people in that city of three hundred thousand, knew of, or trusted, modern medicine that most of his time was spent in developing contacts rather than in treating patients. By 1908 there were three small hospitals, one of which was run by the Yale-in-China Association. By 1913 there was sufficient interest among higher officials so that medical education was started as a joint endeavor between the Hunan Provincial Government and Yale-in-China, under the name Hsiang-Ya. By 1923 the school had graduated its first two classes. It had a modern three story building of one hundred beds, capable of expanding to two hundred and fifty and a large outpatient clinic. The school had some fifteen full time teachers and sixty students.

The situation of those days contrasted sharply with the developments of recent years. At that time, the people still considered modern medicine a very risky proposition. Of the sick who got up enough courage to consult a practitioner

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Phillips F. Greene, formerly Professor of Surgery at Yale-In-China, has accepted the position of full time Clinical Professor of Surgery at the Long Island College of Medicine.

trained along modern scientific lines, at least four out of five would have nothing more to do with him if the treatment suggested was surgical. The one place where there was general acceptance of Western medicine was in the treatment of bullet wounds. They reasoned that these bullets being of foreign origin, it was reasonable to expect that foreign medicine might know best how to treat the wounds they made.

For me, a wholly unexpected factor with which scientific medicine had to contend, was the traditionally low status in which the medical profession was held in China. The best of the native practitioners were still rated as belonging to the very lowest rank of the scholar class. It was not unusual to find among our medical students, recurring discussions as to how to meet the pressure from their families to withdraw from medicine. Visiting parents were wont to say to our students, "We think it is fine you want to be a scholar and are willing to work hard at your studies, but why must you pick the very bottom of the scholar's profession?"

A third factor was the very unenviable position of the doctor before the law. There was a fairly strong tradition at court for assuming that a patient died from the medicine received from the last doctor to treat him. This had given rise to a tendency to avoid cases seriously ill. A considerable number of the patients who consulted us were *in extremis*, coming to us only after futile attempts to retain the service of a native practitioner.

Another element arose from the lack of understanding of modern scientific development. Medicine and magic were considered very similar. It is still not uncommon for native practitioners to have the word magician, precede the word doctor on their professional cards. Where belief in magic is wide spread, modern scientific developments are more or less assumed to be some form of magic. I remember one parent being rather disgusted in his son's speculation about the nature of electric lights. He finally said, "It's just



CHINESE DOCTOR, OLD STYLE, MR. WEN JI

good magic and very simple. Your press a button and the light goes on. You press another and it goes off. What is so wonderful or hard in that?"

#### *Growing Respect for Scientific Medicine*

In contrast with those days, now one finds the term for Western medicine, "Wai Ko I," being replaced by the term "Ko Hsueh I," scientific medicine. Thousands of Chinese now place confidence in science. Moreover, they greatly desire to contribute their quota to the world's scientific knowledge. One still meets many people refusing operative treatment, but already the ratio has dropped to about one out of five as compared with four out of five. The experiences of the war years, especially in areas that have been bombed, has greatly added to the people's trust in scientific medicine.

With the growth of faith in modern scientific medicine as a really potent force in maintaining health and preventing disease, there has been a gradual shift in the attitude of both government officials and educated civilians. Although from earliest times China has had government medical officers, these have been largely court of-





CHINESE DOCTOR, NEW STYLE, DR. P. Z. KING,  
Director of National Health Administration

ficials responsible for the health of certain individuals. It has only been in recent times that the government has thought of the control of disease by modern means as its responsibility. This view has steadily gained support.

In 1932 the establishment of a National Ministry of Health had been accepted in principle. However, there developed quite a well organized body of opinion which demanded that this base its work on native traditional Chinese medicine, rather than modern scientific medicine. Although the decision was a very close one, the vote was finally cast in favor of making scientific medicine the type that the government would back. Such has been the growth since then, that it now has the strong backing of the government and the confidence of an increasingly large proportion of the people. The medical problem now stands forth as one of the most important in post war planning. It has become acute because of the Sino-Japanese War. With each year, the need for rebuilding the country has become more urgent. The tremendous economic

loss to the country through death and disease has brought the problem of health to the fore front.

One finds many interesting examples of its local application. About twelve years ago, at Changsha, there was a desire to develop a city public health system. At that time it centered especially around the spread of health education and the control of contagious diseases including the opening of a contagious hospital. In this connection the Dean of Hsiang-Ya, was talking over ways and means with the Mayor of Changsha. The Mayor was genuinely interested but did not see how to get quarters or personnel for undertaking this type of work. The Chinese name for the Police Department is "Kung An Chu," or "Public Protection Department." The Dean asked the Mayor in what ways the people needed protection. How many deaths there were from murders? The extent of the robberies, etc. And the Mayor pointed out with considerable pride that the city had a very good record in these matters. The Dean then asked how many were dying from disease or were a drag on the community because of sickness, and the Mayor admitted this was a regretably large proportion of the community. It was evident that if the people could be protected in matters of health, it would be meeting a very real need. There were two sets of overlapping police systems in Changsha at that time; one municipal and the other county. As a result of this interview, the two systems were combined into one police force. It was thereby possible to obtain quarters and part of the personnel for setting up the public health system.

#### *Health Program*

They are tackling the problem of developing an adequate workable program with determination. This has included an estimate of the minimal needs in terms of doctors and nurses and other medical personnel, hospital facilities, clinics, laboratories and medical supplies, etc. In general this is outlined by the Generalis-



simo in his book (Chung Kuo Tze Ming Yuin), "China's Future." It is also discussed in Dr. Szeming Sze's book, "China's Health Problems," (Chinese Medical Association, Washington, D. C., 1944). Dr. Sze is the General Secretary of the Chinese Medical Association and Editor of the Chinese Medical Journal.

The program covers three main fields. One is aimed at the control of contagious diseases through the development of adequate systems for inspection and isolation and the employment of well proved preventative measures, such as modern water supplies, sewerage disposal, mass vaccinations, etc. It also lays great emphasis on programs of health education through the press and through school systems. For rural work they are making special use of the village story teller. These people are an important source of spreading information. In a country with large numbers of illiterates and very few radios, much of the news and popular education as well as entertainment comes to the people through them. If they can be given some training, their influence for good is potentially very great.

A second line aims to establish effective centers for research in medical problems in China. These include statistical studies of the prevalence of disease and its cause as well as experimental laboratories. It is especially interested in problems of nutrition and parasitic disease. One of its main functions is to improve the means of controlling these.

A third and very extensive program has for its object the furnishing of medical facilities for all the people in China. Because of the numbers to be reached and the low economic level at which the majority of the people live, it is clear that private enterprise would be totally inadequate to meet the needs of the country with anything like the speed possible under a well supported government program. This means a state program of medical care. There has been no desire to limit or exclude private practice. In fact they believe this should be encouraged. It is expected

that in the large cities a significant proportion of the population may receive good medical attention by means of private agencies. For all this, personnel will be needed in great numbers.

To meet this need for medical personnel, the government is planning a series of teaching institutions. A grade of schools known as "Medical Colleges" which include most of the better medical schools now running, is to be greatly expanded. These aim on a course of six years, to give a well rounded training in pre-clinical and clinical subjects, including the interne year. Candidates will receive an M.D. degree. It is hoped that every province will have at least one such school and that the curriculum will be so standardized that the graduates of these schools will form a homogeneous able profession. It is urged that those schools already in existence, enlarge their enrollment as fast as possible, i.e., depending on the speed with which they can expand their facilities in staff and equipment. This will also depend on the increase in the numbers of students adequately prepared to enter such medical schools.

### *Meeting Rural Medical Needs*

For treating the great bulk of the population, especially in rural areas, the Medical College graduates are obviously going to be too few. It is estimated that 84% of the Chinese population is rural or about 350,000,000 people. Their economic status is such that they cannot afford to support a well-trained doctor. As an immediate step toward meeting rural medical needs, the government has established a new set of schools on a very much lower level of education. This second type of school is known as "Medical Schools" or schools of Senior Middle School and Junior College grade, (Middle School equivalent of High School). It is considered that this will provide facilities much needed by the present generation and though a temporary measure, it will prove a very great step in advance. These schools will admit stu-

dents who have completed Junior High School work. They will be given a short course totaling about four years.

Different plans are being tried out in different sections. The one in Hunan is divided into terms of six months each. During the first six months, they are given an introduction to Anatomy, Chemistry and Physiology. They also receive instruction in vaccination, simple dressings and routine bedside care. Following successful completion of this first six months, the students are sent to various county health centers where they are engaged in vaccination, school health program, etc. Those that show aptitude may then be returned for another six months training, in which they acquire routine skills in laboratory methods, statistical work, public health inspection of water, sewerage disposal, etc. Following this there is another period of work out in the districts. Another period of six months is devoted to the study of diseases as met with in routine clinical work. This is correlated with a simple course in Pathology. Another period is devoted to nutritional diseases, another to minor surgical care. In theory, each student will be taken along as far as his abilities and interest warrant and at whatever level in this program he stops, he will still fit into public health service. It is expected that the majority, however, will be able to complete their course and act as fairly adequate medical personnel in rural communities.

Some of the other medical schools of this grade, follow more traditional methods of teaching and are being set up on a straight four year curriculum of two eighteen-week semesters each year. The graduates of such schools are expected to be able to treat successfully from eighty to ninety percent of the conditions they see. As a large part of rural illness is made up of skin infections, intestinal parasites, the acute intestinal diseases, malaria, etc., this is not an unfair assumption.

The experience of Japan in setting up a somewhat similar program about a generation ago, lends strong support. Each

province of Japan was equipped with such a medical school. Although the students came to these schools with only a Grammar School training and had only a four year medical education, they still were so much more able in treating disease than the traditional native practitioner that they quickly displaced him. Japan had also established three excellent medical schools at the top of their system. The problem of having two grades of medical men did not eventuate in any real disadvantage. As years went by, the graduates of the three Imperial University Medical Schools became the teachers of the provincial schools. As more students completed high school and later college, the entrance requirements for the provincial schools were raised. As improvements in transportation were made the provincial schools were consolidated. By 1930, the provincial schools which had originally numbered 92 had been reduced to 15 and all but one had reached a College grade standard.

It is the expectation of the Chinese Government that by establishing a large number of schools, it will be possible to greatly curtail China's morbidity. Of this there can be no doubt. Take for example tetanus neonatorum. A relatively short course of instruction and practice for a person with very little preparation, can still result in wiping out this condition which at present is probably the largest single factor in infant mortality in China.

Although the government is committed to laying great emphasis on these rural schools as the best way to approach the problem of rural health, they are very desirous of having any additional help that may be available. Recently they have expressed the hope that mission hospitals would expand and that they would, in addition to the service rendered in the past, emphasize in their program, the training of internes and recent graduates and cooperate with the government efforts in health education. This hope also applies to the various medical schools which have been started through foreign agencies. They expect to supplement contributions

from abroad with government grants, but are desirous that these schools maintain a high standard and increase the number of their students.

### *Difficulties*

It is evident that this program even under the best conditions will be very difficult to accomplish. In drawing up these plans, the medical profession in China has played a large part. The possibility of success will be closely correlated with the degree of success in maintaining a united central government and the degree to which the country gets on its feet financially in the post war period. In another respect, however, it will also depend on the morale of the medical profession. If the medical profession enters into the plan wholeheartedly, and is genuinely concerned with the improvement of the nation's health, it will not easily be discouraged. One should not be blind to the many difficulties that are inherent in trying to plan and administer a large government program. The amount of "red tape" that is involved, the number of people who may have to be consulted, the tendency to slip into a rather ineffective groove when on a government salary, are all dangers to be avoided. Recently I met one public health officer with considerable experience who was evidently getting somewhat discouraged. He expressed it, "I should have studied politics. Without being a skillful politician, my medical training is useless."

It is however, encouraging to see what determination and training can accomplish under difficult circumstances. Some years ago, the Province of Kweichow was badly hit with malaria. The public health officer was allotted four million tablets of quinine which had been contributed from American sources. One of the most important farming areas was so heavily hit that adequate care of the crops was threatened. The people in the area were unacquainted with scientific medicine and entirely unfamiliar with quinine. They were inclined to think from the taste



STUDENT DINING HALL  
Emergency Headquarters, Kweiyang

that it was poison. The public health officer got together his nurses, picked out a small area in one of the larger villages and turned it into a demonstration center. His instructions were to look for the obvious cases of malaria in this area and to see that they got quinine. "Even if it took two hours to persuade the patient to take one pill." As a result of this, it was not many days before there were a number of cases who realized they were much better for having taken the quinine. This was news and spread rapidly. Soon, another difficulty was present. Quinine became recognized as very valuable. The patients would beg for quinine but as soon as they felt a little better would sell the quinine instead of going on with the treatment. The health officer met this situation by explaining in a mass meeting, how these pills were a gift from America and should be used for really making the patients well and not as a means for making money. This was recognized by the rank and file as sound and fitting. The sale of quinine stopped. I have thought of this instance many times for it would have been so easy for the health officer to look on the situation as hopeless, instead of as an opportunity not only to help the people and the country but also to demonstrate the value of modern medicine. But for me it stands out as a demonstration of the best medical tradition, that quality of character which accepts the moral respon-



sibility of applying the best he knows.

During these war years, there have been many instances of good medical work well done, both by private and government sources. This has increased the people's faith in scientific medicine and their respect and gratitude to the medical profession has been very rewarding. But there have been other instances of a different sort. As medicines have become scarce and inflation mounted, treating the poor has become financially unremunerative. It has been very easy for the doctor to spend his whole time treating the wealthy and shrewdly to increase his fees ahead of the inflation. Not a few private physicians have become wealthy out of these war conditions. Of course, the effect on the general community has been to size up these doctors as selfish and mercenary. As one educator recently phrased it, "To see Western trained doctors, money grabbing, is a great disillusion." Until recently many people in China looked to Gods in the temples for healing. They have transferred some of their reverence toward the modern doctor bringing a more effective healing. They have not looked to be exploited. The contrast is significant.

So at the same time, in the same land, and under very similar conditions, two such different reactions toward the modern

doctor are developing. Perhaps never in history has it been more important than now for a doctor to "live a life worthy of his calling."

Probably nowhere is this more important than among the leaders of the medical profession, the teachers in the medical schools, the research men. There is no lack of temptation to make the main drive in life the acquiring of wealth or a high scholastic standing in the profession. But life is still richer and our contribution to the country greater if the main drive aims to bring sound health to the whole country. Recently Dr. C. U. Lee, Dean of the National Kweiyang Medical College was commenting on the quality of devotion that men of science in the European civilization have shown. He continued, "In China, we have no precedence among our Western educated doctors of suffering or undergoing privations in order to carry on our profession. Often our ideal has been to have a good comfortable life in a work we enjoyed and which entailed a good social standing in the community. Now, since this war, he who stays at a salaried job in a medical school finds his income shrunk to the point of real privation. But the need of training doctors is great and many of us are glad to stick by our jobs. We are setting a precedent in China which will grow."

## *Internships Class of June 1945*

BEGINNING JULY 1, 1945

<i>Name</i>	<i>Service</i>	<i>Hospital</i>
Ames, Adelbert, 3d	Medical	Presbyterian, New York City
Andrews, Leon P.	Medical	Peter Bent Brigham, Boston
Ashley, Milton M.	Rotating	Rochester General, Rochester, N. Y.
Austin, Eugene S.	Medical	Bellevue, New York City
Avery, Robert F.	Mixed	Bellevue, New York City
Bakke, John L.	Medical	New York, New York City
Batchelor, William H.	Medical	Boston City, Boston
Behringer, Glenn E.	Surgical	Massachusetts General, Boston
Bennett, H. Stanley	Medical	Johns Hopkins, Baltimore
Biggs, Max W.	Rotating	Chicago University Clinics, Chicago
Bishop, Harry C.	Surgical	New York, New York City
Boas, Norman F.	Rotating	Michael Reese, Chicago
Boles, Ewing T.	Surgical	St. Luke's, New York City



Broderick, Earl G.	Medical	New Haven, New Haven, Conn.
Bronfenbrenner, Jack	Rotating—Med. Depr.	Henry Ford, Detroit
Bullard, John C.	Medical	Presbyterian, New York City
Bunker, John P.	Surgical-Medical	Massachusetts General, Boston
Callkins, Evan	Medical	Johns Hopkins, Baltimore
Callahan, Edmund J., 3d	Medical	Peter Bent Brigham, Boston
Capps, Samuel C.	Pathological	Massachusetts General, Boston
Carey, John M.	Surgical	Massachusetts General, Boston
Carlisle, John C.	Pediatric-Surgery	Children's, Boston
Carr, Edward A., Jr.	Rotating	Rhode Island, Providence
Chamberlin, Harrie R.	Neurological	Boston City, Boston
Clarke, Charles W., Jr.	Medical	St. Luke's, New York City
Cobb, Stephen W.	Surgical	Grady Memorial, Atlanta, Ga.
Cowan, Bennet Y.	Rotating	Philadelphia General, Philadelphia
D'Angio, Giulio J.	Surgical	Children's, Boston
Duffy, Frank P.	Rotating	Rhode Island, Providence
Dun, Alan A.	Surgical	Peter Bent Brigham, Boston
Eberlein, Walter R.	Rotating	Univ. of California, San Francisco
Epperson, Dean P.	Medical	Boston City, Boston
Erskine, John M.	Surgical	Univ. of California, San Francisco
Fitz, Reginald H.	Mixed	Faulkner, Jamaica Plain
Fitzpatrick, Thomas B.	Medical	Boston City, Boston
Fontneau, Nelson C., Jr.	Rotating	Rhode Island, Providence
Fowler, Dwight M.	Surgical	Massachusetts General, Boston
Freeman, David G.	Rotating	San Diego County Gen., San Diego, Cal.
Friedman, Edward F.	Pediatric	Lenox Hill, New York City
Gaensler, Edward A.	Surgical	Boston City, Boston
Gallagher, Mortimer A.	Rotating	Rhode Island, Providence
Gamble, James L., Jr.	Pediatric	Johns Hopkins, Baltimore
Goldsmith, John R.	Mixed	University of Chicago Clinics, Chicago
Goodman, Clifford S., Jr.	Rotating	Pennsylvania, Philadelphia
Graettinger, John S.	Medical	Boston City, Boston
Greve, Marion J.	Medical	Peter Bent Brigham, Boston
Griffin, Judson S.	Rotating	U. S. Navy
Griffith, Charles A.	Rotating	Cook County, Chicago
Grindle, Wade L., Jr.	Rotating	U. S. Navy
Hagan, William H.	Surgical	Johns Hopkins, Baltimore
Hall, Buford, Jr.	Medical	Massachusetts General, Boston
Hannan, William S.	Surgical	Boston City, Boston
Harris, Edmund J.	Surgical	Children's, Boston
Harvey, Joseph P.	Surgical	Peter Bent Brigham, Boston
Haydock, George G.	Pediatric	Children's, Boston
Hill, Norman P.	Medical	Massachusetts General, Boston
Hinckley, Harry F., Jr.	Rotating	Hartford, Hartford, Conn.
Hoar, Carl S., Jr.	Surgical	Children's, Boston
Hoffman, Robert V., Jr.	Rotating	Presbyterian, Chicago
Holliday, Pope B., Jr.	Pediatric	Johns Hopkins, Baltimore
Holmes, Howard H.	Surgical	Boston City, Boston
Jackson, Sidney C.	Surgical	Roosevelt, New York City
Johnson, William E.	Rotating	Hartford, Hartford, Conn.
Jones, H. Walter, Jr.	Rotating	Philadelphia General, Philadelphia
Kiley, John E.	Rotating	Albany, Albany, N. Y.
Kilroy, Edward F.	Rotating	Worcester City, Worcester, Mass.
Knowlton, Norman P.	Medical	Barnes, St. Louis
Landing, Benjamin H.	Pathological	Children's, Boston
Leach, Charles A., Jr.	Surgical	Children's, Boston
Leiter, Laban W.	Rotating	Cincinnati General, Cincinnati
Lieberman, L. Eric	Medical	Beth Israel, Boston
Lowry, Paul	Rotating	San Francisco City & County, San Francisco
Lubin, Martin	Medical	Beth Israel, Boston
MacDonald, George E.	Medical	St. Luke's, New York City
MacKinney, Loren G.	Pediatric	Children's, Boston
Marsh, Raymond R.	Medical	Boston City, Boston

Martin, James A.	Surgical	Massachusetts General, Boston
Martin, John J., Jr.	Surgical	Peter Bent Brigham, Boston
Maxfield, Myles	Medical	Beth Israel, Boston
Mazur, Theodore T.	Surgical	Henry Ford, Detroit
McNaughton, Robert A.	Rotating	U. S. Navy
Miller, Joseph M.	Rotating	Mount Sinai, New York City
Moore, Thomas C.	Surgical	Peter Bent Brigham, Boston
Morgan, Thomas W.	Surgical	Peter Bent Brigham, Boston
Morrell, Charles F., Jr.	Rotating	U. S. Navy
Nilsson, John M.	Medical	Boston City, Boston
O'Hare, James M.	Surgical	Children's, Boston
Packard, John M.	Medical	Presbyterian, New York City
Parker, Jack S.	Surgical	Massachusetts General, Boston
Parks, Robert E., Jr.	Medical	Children's, Boston
Petersen, Edward S.	Rotating	St. Luke's, Chicago
Point, Walter W., 3d	Medical	Boston City, Boston
Porter, Edward C.	Rotating	Rochester General, Rochester, N. Y.
Post, Robert L.	Rotating	Hartford, Hartford, Conn.
Prudden, John F.	Surgical	Bellevue, New York City
Pucko, Joseph J., Jr.	Surgical	Boston City, Boston
Quan, Stuart	Surgical	Beth Israel, Boston
Ragsdale, Milton C., 3d	Surgical	Boston City, Boston
Randall, Raymond V.	Medical	Massachusetts General, Boston
Ratcliffe, John W.	Surgical	Massachusetts General, Boston
Rauch, Robert F.	Surgical	University of Minnesota, Minneapolis
Robertson, James D.	Medical	Boston City, Boston
Royce, Stephen W., Jr.	Medical	Children's, Boston
Rubin, Cyrus E.	Medical	Beth Israel, Boston
Rutter, Thomas	Surgical	Massachusetts General, Boston
Sagal, Leonard J.	Rotating	Mount Sinai, New York City
Salter, Paul P., Jr.	Surgical	Peter Bent Brigham, Boston
Sarraga-Audinot, Jose	Surgical	Boston City, Boston
Sawyer, Wilbur H.	Medical	Boston City, Boston
Saylor, John A.	Rotating	Hartford, Hartford, Conn.
Schenk, Worthington G., Jr.	Surgical	Massachusetts General, Boston
Seed, John C.	Medical	Massachusetts General, Boston
Sensenig, David M.	Rotating	Allentown, Allentown, Penn.
Shaw, Robert S.	Surgical	Massachusetts General, Boston
Shorey, William D.	Surgical	Massachusetts General, Boston
Simpson, William H.	Medical	Peter Bent Brigham, Boston
Smith, Frank P.	Medical	Vanderbilt University, Nashville, Tenn.
Snell, Fred M.	Medical	Children's, Boston
Solez, Chester	Rotating	St. Elizabeth's, Washington, D. C.
Somerville, Donald L.	Neurological	Boston City, Boston
Sprunt, William H., 3d	Mixed	Faulkner, Jamaica Plain
Steele, Byron W., Jr.	Surgical	Boston City, Boston
Stewart, James M.	Medical	Massachusetts General, Boston
Susen, Anthony F.	Rotating	Cook County, Chicago
Taylor, Isaac M.	Medical	Massachusetts General, Boston
Thaler, Richard W.	Rotating	Springfield, Springfield, Mass.
Titherington, John B.	Surgical	Presbyterian, New York City
Tobin, Lester H.	Medical	Beth Israel, Boston
Vaughan, John H.	Medical	Peter Bent Brigham, Boston
Watrous, Joseph B., Jr.	Surgical	Strong Memorial, Rochester, N. Y.
Weed, Charles H.	Medical	Stanford University, San Francisco
Whittemore, James P.	Pediatric	Massachusetts General, Boston
Wichern, Walter A., Jr.	Surgical	Roosevelt, New York City
Woodbury, John W.	Medical	Peter Bent Brigham, Boston
Wooten, Cecil W.	Rotating	Medical College of Virginia, Richmond
Zec, Branko C.	Rotating	Lenox Hill, New York City
Ziegler, Dewey K.	Medical	Boston City, Boston
Zimmermann, Bernard	Surgical	Boston City, Boston



# Military News



*The following list brings the Harvard Medical School graduates in the service up to 1774. The \* denotes names not previously published. Lack of space makes it impossible for us to publish in each issue anything but the new names and the changes in rank or station. The Alumni Office would appreciate additions or corrections.*

1904

Comdr. James P. Lewis, Navy U. S. Navy Yard, Charlestown, Mass.

1917

Capt. Robert P. Parsons, Navy, FPO, San Francisco

1918

Col. Donald S. King, Army, APO 512, N. Y. C.

1920

Major Joseph M. Looney, Army, APO 562, N. Y. C.

1921

Lt. Comdr. Frank R. Smith, Navy, Adv. N. T. Base, Lido Beach, L. I.

1923

Lt. Col. Clarence E. Bird, Army, Ft. Lewis, Wash.

\*Lt. Comdr. Albert L. Brown, Navy, Navy 140, FPO, San Francisco

Major John D. Sheehan, Army

1924

Lt. Col. John W. Pennock, Army, APO 18642, San Francisco

1926

\*Lt. Comdr. Wilmer W. Angell, Navy, FPO, San Francisco

Lt. Comdr. Russell Fletcher, Navy, Naval Repair Base 4A, San Diego

1927

Lt. Col. John C. Eckels, Army, APO 63, N.Y.C.  
Col. Alexander Marble, Army, 20 N. Wacker Dr., Chicago

Comdr. David W. Sherwood, Navy, U. S. N. Hosp., Brooklyn

Major Robert S. Wilkinson, Jr., Army, APO 689, N. Y. C.

1928

Lt. Comdr. Robert A. Goodell, Navy, FPO, San Francisco

Lt. Comdr. David L. Halbersleben, Navy, Navy 926, FPO, San Francisco

\*Major Thomas L. Keefe, Army, AAF Reg. Sta. Hosp., Maxwell Field, Ala.

Major David M. Kydd, Army, Ashburn Gen. Hosp., McKinney, Tex.

Col. Ernest D. Liston, Army, Deputy Chief Surgeon to Gen. Hawley, Paris

1929

Capt. Charles E. Kremer, Jr., Army, APO 1004, San Francisco

Lt. Comdr. Francis C. McDonald, Navy, FPO, San Francisco

Lt. Col. Charles P. Sheldon, Army, APO 707, San Francisco

Major David B. Snelling, Army, APO, N. Y. C.

1930

Major Arthur N. Berry, Army, APO 565, San Francisco

Major James A. Halsted, Army, APO 464, N. Y. C.

Lt. Col. Carl H. Hoover, Army, Davnall Gen. Hosp., Danville, Ky.

Lt. Comdr. Harry M. Spence, Navy, U. S. N. Hosp., Corpus Christi, Tex.

Major Henry J. Stanford, Army, APO 758, N. Y. C.

Capt. Luther M. Strayer, Jr., Army, APO 244, San Francisco

1931

Major John W. Canaday, Army, APO 627, N. Y. C.

Lt. A. Walter Ciani, Army, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.

Lt. Comdr. Lucius E. Eckles, Navy, Bureau of Med. & Surgery, Washington, D. C.

Major Charles G. Shedd, Army, APO 871, N. Y. C.

1932

Major Robert R. Impink, Army, APO 322, San Francisco

Major James S. Mansfield, Army, APO 871, N. Y. C.

Major George H. Marcy, Army, APO 377, N. Y. C.

Capt. Arthur C. Murray, Army, APO 758, N. Y. C.

Lt. Col. Henry J. Oberson, Army, APO 629, N. Y. C.

Major J. Russell Smith, Army, APO 230, N.Y.C.

1933

Major Bradford Cannon, Army, Valley Forge Gen. Hosp., Phoenixville, Pa.

Major August F. Jonas, Jr., Army, APO 1002, San Francisco

\*Major John W. Kennedy, Army, APO 403, N. Y. C.  
 Capt. Arnold F. E. Settlage, Army, APO 339, N. Y. C.  
 Major John P. Sheldon, Army, APO 230, N.Y.C.  
 Capt. Robert A. Youngman, Army, APO 63, N. Y. C.

## 1934

Major George Austen, Jr., Army, APO 75, San Francisco  
 Capt. William A. Jarrett, Army, APO 764, N. Y. C.  
 Capt. Frederic W. Rhinelander, 2d, Army, Hammond Gen. Hosp., Modesto, Cal.  
 Lt. Col. James S. Stillman, Jr., Army, Reg. Hosp., Pasadena, Cal.

## 1935

Lt. John F. Bell, Army, APO 339, N. Y. C.  
 Lt. Comdr. Edward C. Curnen, Jr., Navy, Hosp. of Rockefeller Inst., N. Y. C.  
 Lt. Col. Charles D. May, Army, APO 513, N. Y. C.  
 Lt. John W. Norcross, Navy, APO 331, San Francisco  
 Capt. John J. Shields, Army, APO 949, Seattle  
 Capt. Gilmore W. Soule, Army, APO 726, Seattle  
 Major Sam McN. Talmadge, Army, APO 339, N. Y. C.  
 Lt. William C. Weir, Navy, U. S. N. Hosp., Seattle

## 1936

Capt. Edwin L. Cantlon, Army, APO 534, N. Y. C.  
 Capt. Thomas E. Caulfield, Army, APO 17406, N. Y. C.  
 Lt. Daniel B. Dorman, Navy, APO 816, N.Y.C.  
 Major Max Kutzer, Army, APO 121-A, N.Y.C.  
 Major Arnold L. Segel, Army, APO 403, N.Y.C.  
 Major Milton R. Weed, Army, APO 343, San Francisco  
 Capt. David R. Weir, Army, APO 322, San Francisco

## 1937

Lt. Col. Robert E. Grandfield, Army, APO 871, N. Y. C.  
 Capt. Clarence E. Nelson, Army APO 627, N. Y. C.  
 Major H. Preston Price, Army, APO 508, N.Y.C.  
 Capt. John A. Sandmeyer, Army, APO 887, N. Y. C.  
 Major Emanuel B. Schoenbach, Army, 615 N. Wolfe St., Baltimore 5, Md.  
 Capt. Richard W. Smith, Army, Hammer Field, Fresno, Cal.  
 Capt. Henry H. Work, Jr., Army, APO 377, N. Y. C.

## 1938

Major Francis F. Cary, Army, APO 627, N.Y.C.  
 \*Lt. (j.g.) Gordon E. Jones, Navy, FPO, San Francisco  
 Lt. Comdr. Herbert T. Leighton, Navy, FPO, San Francisco  
 Lt. John H. Rosenow, Navy, Navy 3205, FPO, San Francisco  
 Lt. Comdr. Edward L. Smith, 2d, Navy, Navy 3029, San Francisco  
 Major Robert M. Smith, Army, APO 350, N.Y.C.  
 Capt. Louis J. Strobino, Army, APO 376, N.Y.C.  
 \*Lt. (j.g.) Edward V. Turner, Navy, FPO, San Francisco

## 1939

Capt. Donald D. Matson, Army, APO 230, N. Y. C.  
 Lt. Fathollah K. Mostofi, Army, Birmingham Gen. Hosp., Van Nuys, Cal.  
 Major Thomas W. Smith, Army, APO 212, N. Y. C.  
 Major Henry Swan, II, Army, APO 339, N.Y.C.

## 1940

Capt. Malcolm W. Bick, Army, APO 230, N. Y. C.  
 Lt. Archibald S. Deming, Navy, 1st Naval Dist., Boston  
 Capt. Francis T. Gephart, Army, APO 265, San Francisco  
 Capt. John B. Hickam, Army, Aero Med. Lab., Wright Field, Dayton, O.  
 Capt. Lawrence Kilham, Army, APO 403, N. Y. C.  
 Capt. Irving L. Pavlo, Army, AAF Reg. Hosp., Hammer Field, Fresno, Cal.  
 Major Arnold Porter, Army, APO 741, N.Y.C.  
 Major William F. Prestley, Army, APO 14202, San Francisco  
 Lt. Francis C. Robinson, Navy, FPO, San Francisco  
 Capt. Oral H. Stone, Army, APO 595, N. Y. C.

## 1941

Capt. Robert J. Bloor, Army, APO 331, San Francisco  
 Capt. Craig W. Borden, Army, APO 14054, San Francisco  
 Capt. Simpson S. Burke, Jr., Army, APO 73, San Francisco  
 Capt. Wesley L. Furste, Army, APO 488, N.Y.C.  
 Lt. Andrew Kerr, Jr., Army, APO 9, N. Y. C.  
 \*Lt. Samuel R. Klibanoff, Navy, FPO, N. Y. C.  
 Capt. Harry H. Miller, Army, APO 520, N.Y.C.  
 Capt. William H. Potter, Army, APO 72, San Francisco  
 Lt. Edgar M. Rector, Navy, U. S. N. Recruiting Sta., Detroit, Mich.  
 Capt. David H. Scott, Army, APO 18906, San Francisco



Capt. Lister H. Shaw, Army, FPO, San Francisco  
 Capt. John G. Sholl, 3d, Army, APO 470, N. Y. C.  
 Capt. Sheldon C. Sommers, Army, APO 4994, N. Y. C.  
 Major Francis C. Tucker, Army, APO 627, N. Y. C.  
 Lt. Peter O. van der Westhuysen, Army, Wake-man Gen. Hosp., Camp Atterbury, Ind.  
 Capt. John C. Wiggins, Jr., Army, APO 230, N. Y. C.

## 1942

Capt. Charles Averill, Army, APO 18668, San Francisco  
 Capt. Frederick S. Bigelow, Army, Goldwater Mem'l Hosp., Welfare Isl., N. Y.  
 Lt. John M. Cameron, Army, APO 689, N. Y. C.  
 Capt. David Dove, Army, APO 448, N. Y. C.  
 Lt. Theodore G. Erler, Jr., Army, APO 18642, San Francisco  
 Capt. Hollon W. Farr, Army, APO 235, San Francisco  
 Capt. Edmund P. Kelley, Army, overseas.  
 Capt. Charles J. Mock, Army, APO 259, N.Y.C.  
 \*Lt. Raymond O. Olson, Army, APO 18906, San Francisco  
 Capt. Joseph F. Patterson, Jr., Army, APO 331, San Francisco  
 Capt. Walter Pick, Army, APO 411, N. Y. C.  
 Capt. Richard V. Riddell, Army, APO 403, N. Y. C.  
 Lt. Harold S. Robinson, Navy, FPO, San Francisco  
 Lt. John M. Schwab, Army, APO 121, N. Y. C.  
 Capt. Abbott Skinner, Army, APO 709, San Francisco  
 Capt. Robert J. Tracy, Army, APO 403, N. Y. C.  
 Lt. Carrington Williams, Jr., Army, Box 143, Brooke Gen. Hosp., Ft. Sam Houston, Tex.

## 1943 (March)

Lt. Robert M. Berne, Army, Sta. Hosp., Ft. Jackson, S. C.  
 Capt. Frederick H. Brandenburg, Army, APO 95, N. Y. C.  
 Lt. Joseph D. Enterline, Army, APO 1008, San Francisco  
 Lt. James H. Jackson, Army, Ft. Jackson, S. C.  
 Lt. (j.g.) Joseph D. Knobloch, Navy, FPO, San Francisco  
 Capt. Walter E. Knox, 3d, Army, Goldwater Mem'l Hosp., Welfare Isl., N. Y.  
 Lt. Robert J. McKay, Jr., Army, APO 451, N. Y. C.  
 Lt. Donald E. McLean, Army, McCaw Gen. Hosp., Walla Walla, Wash.

Capt. Frederick C. Minkler, Jr., Army, APO 314, N. Y. C.  
 Lt. (j.g.) John R. Spencer, Navy, FPO, San Francisco.  
 Capt. John C. Trakas, Army, APO 259, N. Y. C.

## 1943 (December)

\*Lt. William R. Adams, Army, Sta. Hosp. C, AAF, Charleston, S. C.  
 \*Lt. (j.g.) Thomas E. Ashley, Navy, Navy No. 918, Box C, FPO, N. Y. C.  
 Lt. Robert W. Atkins, Jr., Army, APO 18833, San Francisco  
 Lt. Thomson R. Bryant, Jr., Army, APO 43, San Francisco  
 \*Lt. Bertram H. Buxton, Jr., Army, Infirmary Div., Camp Upton, N. Y.  
 \*Lt. (j.g.) Theodore S. Cobbe, Jr., Navy, FPO, San Francisco  
 \*Lt. Kevin M. Cosgrove, Army, Veterans Admin. Fac., Pittsburgh, Pa.  
 Lt. William H. Daughaday, Army, APO 88, N. Y. C.  
 \*Lt. Robert L. Dewees, Army, APO 18833, San Francisco  
 \*Lt. Chester J. Dexter, Army, Sta. Hosp., Ft. Storey, Va.  
 \*Lt. (j.g.) William J. Dignam, Navy, FPO, San Francisco  
 Lt. John W. Finley, Army, APO 18678, N.Y.C.  
 Lt. Lytt I. Gardner, Army, APO 512, N. Y. C.  
 \*Lt. Sam Y. Garrett, Army, Carlisle Barracks, Pa.  
 Lt. David R. Ginder, Army, APO 343, San Francisco  
 \*Lt. (j.g.) Brantley Holt, Jr., Navy, FPO, N.Y.C.  
 \*Lt. Rudolf A. Jaworski, Army, Gulfport, Miss.  
 \*Lt. Merrill I. Lineback, Army, Reg. Sta. Hosp., Oakland 14, Cal.  
 \*Lt. (j.g.) Elmer F. Lowry Jr., Navy, FPO, San Francisco  
 \*Lt. John E. Lucas, Army, Conval. Hosp., Ft. Storey, Va.  
 Lt. Stephen L. Madey, Army, APO, San Francisco  
 \*Lt. (j.g.) Alphonse H. Meyer, Jr., Navy, FPO, San Francisco  
 \*Lt. Edmund C. Peirce, 2d, Army, — Gen. Hosp., Camp Shelby, Miss.  
 \*Lt. Edwin W. Peterson, Army, APO 18644, San Francisco  
 \*Lt. (j.g.) Eugene F. Poutasse, Navy, FPO, San Francisco  
 Lt. Fred A. Rice, Army, Dale Mabry Field, Fla.  
 \*Lt. Beecher W. Sitterson, Army, AAB, Coffeyville, Kans.  
 Lt. Warren T. Vaughan, Jr., Army, Conval. Hosp., Camp Pickett, Va.  
 \*Lt. (j.g.) Philip H. Walker, Navy.



## News from the Front



*The following letters with their interesting news have been received in the Alumni office recently:*

On the evening of March 5th, Capt. William Loomis, '41, Francis Tucker, '41, and myself unexpectedly met at a staff meeting of the ——— Station Hospital after the three of us had been in China for some months. We enjoyed a stimulating presentation of a difficult subject, "Febricula of Undetermined Origin," which was discussed by the China Theatre Surgeon, the —th Air Force Surgeon, and several Chinese civilian physicians.

Then informally we founded the Harvard Medical School Club of China. We would like to have meetings whenever we can assemble four or more Harvard Medics. Since Bill Loomis may do the least traveling of the three of us, we request that any HMS alumni in the vicinity of A.P.O. 627, who would like to do some Kan Peing and enjoy some Chinese food, contact Capt. William F. Loomis, M.C. 0-518462, A.P.O. 627, care of Postmaster, New York, N. Y.\*

(CAPT.) WESLEY L. FURSTE, II., '41.

\* \* \*

Am continuing my military tour, and I do mean Tour! We have been in England, Wales, France, Belgium, Holland and Germany (& Luxembourg) and have fought in all but England and Wales in the last three months. I am company commander of a collecting company with an infantry division and I must say I enjoy it. There isn't much medicine, but trying to keep my company at the right place at the right time, and doing the right things without anybody stopping any bul-

\*Due to OWI regulations, we are not allowed to print full military addresses in this publication. However, the Alumni Office will be glad to forward any communications for Capt. Loomis.

lets is surprisingly good fun.

McKay and Tom Allison (both '43—March) are in the same division. I think Henry Swan ('39) is right nearby at the moment and I mean to make sure. I have heard indirect reports from Don Matson and direct reports from Arthur Pier (both of '39), who is in France with an evacuation hospital.

I stopped at the 5th General in France about a month ago and got quite homesick after a talk with the local brass. It included Lt. Col. Zollinger and Dunphy, Major Stan Hoerr, and Capt. Bob White, with Capt. Dimmler and Lt. Col. Flake somewhere around but not visible.

(CAPT.) ALEXANDER H. BILL, JR., '39.

\* \* \*

Sitting on the shores of the Philippini Sea with pockets bulging with pesos and no place to spend them, it occurs to me that it is about time for the annual contribution to the operation of the Alumni Association.

Thus far I have encountered very few of the Medical Alumni in this part of the world sufficiently immodest to admit the source of their training. I have, however, run into Al Warthin ('34) who is with the Air Corps and Horace Pease ('35) who is with a Field Hospital. And all across the Southwest Pacific and in the Far East, we hear constantly of the 105th General which has an enviable reputation in this part of the world. One day we hope to fly down to see them and renew old friendships.

(MAJOR) MILTON R. WEED, '36.

\* \* \*

Here I am in the Philippines, the place where everyone in New Guinea has wanted to go ever since we landed there—in fact, since the day we left San Francisco.

Censorship will allow me to tell you this much. I am in charge of a surgical

team consisting of two officers—one other and myself—and six enlisted men on temporary duty somewhere in the Philippines. We will be temporarily assigned to some hospital unit to work as a surgical team for as long as we are needed and then will revert back to the 60th.

I am very happy about the assignment and look forward to being able to do some worthwhile surgery. It promises to be a fine experience.

We had a fine trip up here—flying all the way. The Army Transport Command (ATC) is doing a tremendous job over here. It must be in all theatres. First impressions of the Philippines are rain and mud, and mud and rain, then tropical heat, swamps with tropical palms and all manner of vegetation. Second impressions are the presence of civilization, the Filipinos looking like Chinese, working in labor gangs, their reed and bamboo huts up on poles a few feet above the water and muddy ooze, women with clothes, water buffalo in rice paddies. I heard a cock crow this morning and saw some horses and pigs. The Filipino living conditions here are worse than anything I've ever seen in the States, mostly because of the mud and water, and I suppose because of despoilation by the Japs.

(Capt.) DAUGHY MIGEL, '38.

\* \* \*

I am terribly curious for news of some of my schoolmates. Somehow I never received the ALUMNI BULLETIN since my graduation in 1942 and this note is just a plea to send it to me. After I finished my internship in pediatrics at Johns Hopkins, I got ready for the Army and now for quite awhile I have been active as a Battalion Surgeon and have seen quite a bit of combat. This type of medicine is far away from the one I've been taught in school or would like to practice, but under the circumstances it is a job that has to be done and I am doing my best to do it well.

Let me send my best regards to the Class of 1942 in this way and I hope very

much that one of these days we shall all meet again.

(Lt.) WALTER PICK, '42.

\* \* \*

I was glad to receive the October issue of the BULLETIN a few days ago. I noted that it was addressed to "Major" so decided I'd better inform you of my present rank of "Colonel"—a very nice rank, too. I have been overseas for two and one-half years so am looking forward to getting another look at the U.S.A.

At present I have two other Harvard Medical School graduates working under me. They are Captain John J. Papera, '36, and Captain Donald C. Nabseth, '42. Both of them are doing superior work and are a credit to our School. Both are squadron surgeons.

(Col.) ARTHUR L. STREETER, '29.

\* \* \*

I suppose I might as well turn myself in—you seem to find out about people anyhow. Now that my address has been changed I don't want to stop getting the ALUMNI BULLETIN.

The war finally receded sufficiently far from the crossroads of the world at Panama to permit a certain degree of relaxation on the frozen personnel. So after three and one-half years I was able to resign from the Health Department of the Pananal. I have now been commissioned as Asst. Surg. (R) in the USPHS and am stationed at the Marine Hospital in Pittsburgh. My wife and I are enjoying the cold weather (when we can see it through the smog) after Panama but I do miss the tropical diseases, which continue to be my major interest.

(Asst. Surg.) CARL E. TAYLOR, '41.

\* \* \*

Thank you for the addresses of the graduates located in "the land of the future" namely, Alaska, and I have started letters off to them.

As you see I have moved and en route had a couple of days in London and four fun days in Paris where I picked up this



"posh" blue paper from a friend, unfortunately not an H.M.S. graduate for it would make a good story, who took over an apartment hastily vacated by a German collaborator, leaving stationery, library, bottles of wine, an automobile, etc., all of which is now the possession of my friend. So he entertains in grand style, even has an electric hot water heater so many of his circle are friends of the bath solely.

As you see by the enclosed clipping all is not comfort in Paris, transportation other than official is nil except the ol' Metro, yet there is a joviality strikingly noticeable about the people, especially striking after two years in U. K.

As you have probably heard, Robert Zollinger (Faculty) now commands the —th General Hospital. Another alumnus in high official circles over here is David Liston, '28, Col. Med. Corps, Deputy Chief Surgeon to General Hawley.

I am looking forward to receiving the ALUMNI BULLETIN. Thank you again for the addresses.

(Major) MILES J. O. GULLINGSRUD, '39.

\* \* \*

Knowing that it is an effort for you to keep track of the various alumni, I am sending you my latest APO number in order that I may receive the BULLETIN more promptly. My address changes so often that I know it is very difficult for any publication to keep up with me.

At present I am stationed in Belgium with a thousand-bed General Hospital which makes part of a large Hospital Center. My duties include not only Chief of the Surgical Service of this hospital, but also Consultant in Surgery to the Hospital Center.

For a time we had a large number of "buzz bombs," but apparently this is over.

Our work continues to be interesting and you may be sure that the soldiers of this Theatre are getting the very best of care.

(Lt. Col.) SAMUEL W. MOORE, '30.

## Decorations and Citations

Capt. Philip G. Creese, '42, was awarded in 1944 the Soldier's Medal for heroism not involving actual contact with the enemy. The citation accompanying the medal reads: "For heroism displayed in rescuing an enlisted man from drowning. While participating in landing exercises on a beach in England, a landing craft was swamped and a number of men thrown into the surf. One man was carried off-shore by the swell and in a few minutes was in a drowning condition. Lt. Creese, without hesitation, plunged into the surf and brought the drowning soldier far enough toward shore for others to assist in the rescue."

\* \* \*

In recognition of his "outstanding conduct in the performance of duty," Capt. Robert S. Hormell, '39, has been commended by Major General R. G. Breene, U.S. Army, in the following words: "... by denying himself sleep and rest did, during the month of April, save the life of a colored soldier who was severely burned and injured in a gasoline explosion on 4 April 1943. For the first 48 hours following this accident, this officer remained constantly at the side of the injured soldier, and as a result of this personal knowledge and skill and through his perseverance when the rest of the staff despaired of this soldier's life, this soldier's life was saved."

\* \* \*

The following citation was received by Lt. Joseph Rogers, '41: "The Commander North Pacific Force, United States Pacific Fleet, takes pleasure in commending

Lieutenant Joseph Rogers, Medical Corps, U. S. Navy for service as set forth in the following citation:

"For distinguishing himself by heroism after his ship had suffered a damaging underwater explosion during the occupation of Kiska Island on 18 August 1943. He worked heroically for a period of



thirty-six hours administering expert medical treatment to men injured in the explosion. Medical treatment to these men was so ably administered that all injured men recovered. His conduct was at all times in keeping with the highest traditions of the naval Service.

(Signed) Frank Jack Fletcher,  
Vice-Admiral, U. S. Navy."

\* \* \*

Lt. Joseph M. Foley, '41, received the following citation when he was awarded the Bronze Star Medal:

"In the name of the President of the United States, it gives me great pleasure to award this Bronze Star Medal to Lieutenant Joseph M. Foley (MC), United States Naval Reserve, for meritorious performance of duty as a company medical officer of the Second Beach Battalion, during the assault on France, June 6, 1944. Lieutenant Foley under heavy gunfire repeatedly exposed himself to administer to the wounded and, without regard for his personal safety, supervised the evacuation of wounded from his section of the beach. His courage and devotion to duty were an inspiration to all officers and men having contact with him. The skill and professional ability displayed by Lieutenant Foley, under most trying conditions, were in keeping with the best traditions of the United States naval service.

(Signed) Harold R. Stark, Admiral,  
U. S. Navy, Commander,  
U. S. Naval Forces in  
Europe."

\* \* \*

Capt. Joseph E. Warren, '38, whose picture appeared in the January BULLETIN, receiving the Silver Star Medal for gallantry in action from Lt. Gen. Lewis H. Brereton, has been cited twice previously. As a paratrooper, sixteen months overseas, he was one of the first to land in Normandy on D-Day.

\* \* \*

Col. Edward D. Churchill, '20, was awarded the Legion of Merit with the accompanying citation:

"The Legion of Merit Medal is awarded

in the name of the President to Edward D. Churchill, Colonel M.C., Headquarters North African Theatre of Operations, for exceptionally meritorious conduct in the performance of outstanding services. By instituting advanced principles of war surgery throughout American hospitals in the Theatre during the Tunisian Campaign, and by initiating a standardized surgical technique, he was responsible to a considerable extent for the extremely low mortality rate among wounded soldiers. By his keen foresight, his efficient planning and careful supervision of surgical procedures, much suffering was alleviated and many lives were saved.

By command of General Eisenhower."

\* \* \*

Accompanying the Air Medal awarded Major Hugh M. Crumay, '33, Lt. Gen. George C. Kenney, Commander of the Allied Air Forces in the Southwest Pacific, made the following commendation:

"For meritorious achievement while participating in the Southwest Pacific Area, during which hostile contact was probable and expected. The courage and devotion to duty shown during these flights are worthy of commendation."

As commanding officer of the — Med. Air Evacuation Squadron evacuating wounded, Major Crumay has received another decoration.

\* \* \*

Lt. Comdr. Ralph C. Parker, '37, was personally congratulated by Under Secretary of the Navy, Ralph A. Bard, during a presentation ceremony in Washington, D. C. The citation on which the award of the Bronze Star medal was based reads as follows:

"For meritorious service as senior medical officer attached to the U. S. S. Arkansas prior to and during the invasion of the coast of France June 6, 1944. Skilled and tireless in the performance of duty, Lieutenant Commander Parker achieved exceptional success in training the personnel of the medical department for the prompt and expert care and treatment of casualties brought aboard during assault opera-

tions. His outstanding professional integrity and devoted efforts were responsible for the saving of many lives and in keeping with the highest traditions of the United States Naval service."

He is the son of Captain Ralph C. Parker who is on duty as a member of Admiral Nimitz's staff in charge of tactical analysis. Parker is now on duty in the Bureau of Medicine and Surgery in Washington.

\* \* \*

The Bronze Star Medal was awarded Major John C. Angley, '32. The accompanying citation reads as follows:

"John C. Angley, 0-493671, Major, Medical Corps, 2655th Malaria Control Unit. For meritorious service in support of combat operations during the period 1 April 1944 to 15 November 1944 in Italy, Corsica, and Sardinia. During this period Major Angley supervised malaria control activities for the Army Air Forces and in this vital mission marked success was achieved. This was due largely to his unceasing efforts and conscientious attention to the most minor details. It was imperative that the incidence of malaria and other insect-borne diseases be held to an absolute minimum in units of the Twelfth Air Force to insure successful support in the invasion of Southern France. These units, along with units of the Fifteenth Air Force, were stationed in some of the most highly malarious areas in the world and the coordination, education and labor instigated and carried out by Major Angley required outstanding professional and executive abilities, plus the willingness to work many long hours. These qualities were responsible for holding malaria to an almost irreducible minimum in Air Force units and has been a very significant factor in the successful conclusion of Air Force operations for the period. Entered service from Bryantville, Massachusetts."

\* \* \*

Capt. James E. Lewis, Jr., '42, has been awarded the Bronze Star Medal for meritorious service as set forth in the following citation:

"For meritorious service in connection with military operations against the enemy as surgeon with the 24th Evacuation Hospital (semi-mobile) from June 12, 1944, to October 15, 1944, in France, Belgium and Holland. Displaying untiring effort and marked professional ability, Captain Lewis supervised the care of numerous seriously ill patients in an outstanding manner. By his zealous and persevering efforts, Captain Lewis set an example worthy of emulation."

\* \* \*

The following commendation was sent by Major Homer W. Humiston's ('25) commanding officer to the Commanding General of the 77th Infantry Division:

"I wish to make of record my commendation for the outstanding professional and surgical abilities of Homer W. Humiston, Captain, M.C., Assistant Chief of Surgical Service of the 36th Field Hospital as demonstrated during the Guam operation from 25 July to the present date (7 September). His ability as a surgeon was superior in that he was able to handle the most difficult cases with ease. His devotion to duty is deserving of praise in that during the most active part of the operation he worked day and night in the operating room and surgical tents treating casualties without thought of his own health, thus allowing every case to get immediate and thorough treatment in spite of the difficulties involved."

This citation and the awarding of the Bronze Star medal to Humiston followed:

"By Command of Major General Bruce, Major Homer W. Humiston, Medical Corps, United States Army: for meritorious service in connection with military operations against the enemy on Leyte, P. I., from 24 November to 25 December, 1944. As Assistant Chief of the Surgical Service, Major Humiston rendered a type of surgery to wounded soldiers and civilians that was outstanding. In addition to spending long hours in the surgery, he supervised the Pre-Operative and serious Post-Operative wards in a manner that was worthy of merit. By his skill as a surgeon,

plus his devotion to the patients, Major Humiston saved the lives of many men, as well as hastening the recovery of others less seriously injured."

\* \* \*

Major Thomas R. White, '37, has received the following citations, including a citation for a Chinese decoration (not printed as it is in Chinese and Major White does not have a translation of it. The decoration itself seems to have several names: Military Order of China; Army, Navy and Air Force Medal of China, First class, etc.):

"By direction of the President under the provisions of the act of Congress approved 2 July 1926, a Distinguished Flying Cross was awarded by the Commanding General, United States Air Forces in China, to the following named officers and enlisted men for extraordinary achievement while participating in a highly destructive raid on the Japanese mainland on 18 April, 1942. These officers and enlisted men volunteered for this mission knowing full well that the chances of survival were extremely remote, and executed their part in it with great skill and daring. This achievement reflects high credit on them and the military service.

First Lieutenant Thomas R. White, Medical Corps, United States Army. Entered military service from California."

"By direction of the President, under the provisions of the act of Congress approved July 9, 1918, the following named officers and enlisted men are cited for gallantry in action and are entitled to wear the Silver Star decoration.

Thomas R. White, First Lieutenant, Medical Corps, United States Army. For gallantry in action subsequent to the raid on Japan, April 18, 1942."

\* \* \*

The Bronze Star Medal with the accompanying citation was awarded to Major Hildrus A. Poindexter, '29:

"The Bronze Star Medal is awarded to Major Hildrus A. Poindexter, (0521023), Medical Corps, United States Army, for meritorious service in support of military operations against the enemy at an Island

Base in the Southwest Pacific Area. During the period of 15 June 1944 to 30 October 1944, Major Poindexter not only acted in the capacity of an Infantry Division Malariologist but also performed the additional duties of an Island Command Malariologist. By his faithful, energetic, aggressive and skillful work on the problems of Malarial Control, the rate of malaria fever among members of the command was materially reduced. Major Poindexter's services reflect credit upon himself and the Military Service.

By command of Major General Johnson: Jerry S. Addington, Lt. Col. G. S. C., Chief of Staff."

\* \* \*

For exceptional efficiency as senior medical officer in directing his medical staff aboard an attack transport during the capture of Japanese held Saipan and Tinian Islands, the Bronze Star was recently awarded to Lt. Comdr. Robert L. Griffith, '36, of the Public Health Service of the Federal Security Agency. The citation read that, "working zealously with the limited facilities available, Lieutenant Commander Griffith was responsible for the prompt and skilled treatment of more than a thousand casualties taken aboard during the combined operations. His exceptional efficiency in directing his medical staff throughout long hours without rest was a contributing factor in saving the lives of men wounded in combat and reflects the greatest credit on the high professional integrity of Commander Griffith and his gallant devotion to the fulfilment of a vital mission."

\* \* \*

Major Edward C. Dyer, '39, has won the Bronze Star "For meritorious achievement in action during the period 19 February 1945 to 25 February 1945, near Mt. Belvedere, Italy. Entered the military service from Brookline, Massachusetts." Major Dyer instructed two medical collecting companies in mountain climbing, including cliff evacuation by litter and the Tyrolean traverse used in evacuating wounded, at Camp Carson, Colo., last summer.

(Ed. Note: To be continued in October Issue.)



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## MEETING OF COUNCIL, MAY 11, 1945

The Council met at the Harvard Club of Boston on the evening of May 11, 1945 to hear Dean C. Sidney Burwell discuss the affairs of the School and to act upon certain Association matters. Dr. Burwell described present admission schedules, post-war plans, and some of the losses and gains of the teaching staff. Some of this is recorded in Medical School Notes (see page 119). It has been the custom to invite the Dean to attend one of these meetings each year. The Council thus becomes more closely acquainted with the problems and accomplishments of the School and is better able to direct our assistance in furthering the aims of the School. We were privileged to have President Walter W. Palmer in the chair. President Palmer, himself an important leader of medical education in the country, commented with some caution, and indeed misgiving, on the possible deleterious effects of both present and future loss of teaching staffs which the war effort has inflicted upon medical schools.

At a previous meeting of the Council it had been voted that there shall be no An-

nual Dinner and Meeting of the Association this year because of government restrictions upon travel. Our Constitution provides for the election of a President at the Annual Meeting. President Palmer was therefore asked to continue in office (Vice-President Fitz in the chair) until such time as an Annual Meeting could be held. Dr. Palmer accepted the position.

The election of three councillors for 1945-1948 is by written ballot sent to all alumni. The Constitution directs that the ballots be counted before the Annual Meeting and the councillors elected be announced at the Meeting. It was voted to count the ballots this year on August 15. Since only a minority of alumni have returned their ballots this should give everyone ample opportunity to record his vote.

The financial affairs of the Association are in good order. Franc I. Ingraham, Treasurer, announced that the appeals which were sent out in February already have made available over \$6,000. This is the largest response to appeals in the past ten years. Over this period of time the yearly contributions and to a less extent the number of contributors have gradually increased. The Association also has available for scholarships or fellowships an income of about \$1,400 from the Harvard Medical Alumni Fund. Our largest expenses are those in support of the Bulletin and the Alumni office at the School. Nevertheless, this leaves us with sufficient funds for a few scholarships and fellowships and other aids to the School. Since there is a serious need of resources to help those who should further their medical education after the war, it has been decided to appeal again this year to alumni, particularly to those not in the armed forces, for funds to be employed for this use. Such funds in the past have been labelled "Harvard Medical Alumni Association Scholarships (or) Fellowships" and have been employed to excellent purpose. It is the earnest desire of the Officers and Council that all alumni will give this appeal their serious consideration.



## Book Review

**PATIENTS HAVE FAMILIES**, by Henry B. Richardson, '14. Price \$3.00. pp. 408. New York: The Commonwealth Fund, 1945.

Mr. and Mrs. Martin Q. and their two daughters all attended the Out-Patient Department of a large teaching hospital. Martin Q. had gastritis and vomited sometimes 20 times a night. Mrs. Q. had a peptic ulcer, obesity, menopausal symptoms, and there was some question of hypertension. Her oldest daughter had died of rheumatic heart disease, a fact which for some time influenced the diagnostic picture of other members of the family. Agnes, age 19 years, was finally recognized to have anorexia nervosa. Catherine, age 16 years, was at first thought to have rheumatic heart disease, but diagnosis later shifted to pains associated with maladjustments to school work. They were referred for X-rays, electrocardiograms, BMR's, cardiac consultations, etc. This medical hocus-pocus was satisfactory to the Q's, who followed orders or not, as they wished, but it was not especially complimentary to the Out-Patient Department. When the clouds were in some manner dispersed by the physician working coöperatively with the psychiatrist, the medical social worker, the public health nurse, and the cultural anthropologist (a late-comer who remains for the time in the background of this particular study), the following facts of the Q. family, condensed in briefest space, emerged: Mr. Q, of Irish Catholic ancestry, was the son of an alcoholic father and an indulgent mother who died when he was twelve. His early marriage did not repeat the mother-son relationship. There were sexual dissatisfactions and his chronic illness "prevented" his being more than essentially on relief for many years. Mrs. Q. was brought up as an orphan in an institution. She played a dominating but confusing role in her family, painfully earning

part of the family income. Agnes did poorly in school, and was exposed to the family quarrels, preoccupations with heart disease and indigestion, and at times was the object of scorn of her mother. Catherine was natively unable to meet the scholastic ambitions which her family held out for her. Few bright spots were to be seen in the whole dismal picture (why do we have to concern ourselves so exclusively with what is *wrong* with the patient?). Mr. Q. could be at times the "life of the party"; mother and daughters were interested in music and household arts. Until she laughed heartily, Mrs. Q.'s barium remained in the stomach.

This is the chief example of how the family, considered as a unit, is a factor to be considered in judging the illnesses of its various members. How the illness or personality of one person affects another's illness is carefully worked out. The book says many things that need to be said. The corollary of psychosomatic medicine is study of the person and his environment, here emphasized as the family. Dr. Richardson traces the development in modern medicine of increased specialization and veering from knowledge of the person and his family. Out of a rich experience he clarifies the association of the physician with the psychiatrist; he points out how time will be saved by early study of the environmental setting; he gives hints for handling patients' fears, what facts to tell patients and how to tell them. There are interesting discussions of the roles of associated disciplines, of various mechanisms influencing disease, of the family in war time ("My son went to war—I get mad—I get a fight in my stomach"). Those who regard medicine as a profession and not as a technology will find that the book will repay them many times their careful study.

Henry B. Richardson states that the book is only the outcome of his own experience as physician and director of the Family Study. This is a project supported by a gift of Josiah Macy, Jr. Foundation to the Department of Preventive Medicine and Public Health of Cornell University Medical College.

C. W. HEATH, '26.



